

PART II. FAMILY HISTORY

1. Name and address of spouse

Name	Address

2. Names, address(es) and telephone number(s) of father and mother
(Please list eldest first.)

Name	Address	Phone #

3. Children (If uncertain of age, please list in birth order.)

Name of Child	Age	Address	Phone #

(Please use back of page if space is insufficient.)

4. Brothers and sisters (If uncertain of age, please list in birth order.)

Name of Sibling	Age	Address	Phone #

(Please use back of page if space is insufficient.)

PART III. PRESENT ACCOMMODATION

Name of Accommodation	Address
Nature of present accommodation (i.e. group home, lodge, nursing home, private dwelling, apartment, etc.)	
Resident since what date?	

PART IV. INVENTORY OF PROPERTY AND DEBTS

(Please complete the relevant sections, giving as much detail as possible)

Real Estate	Description	Estimated Value
1. (a) Real Estate: Give legal description of farm land, city property, etc. owned by the proposed dependent adult.		
(b) State interest in real estate, whether as registered owner, owner under agreement for sale, homestead lease, etc.		
(c) Describe buildings and improvements. Where are the keys?		
2. Mortgages, liens, etc. - Give details of encumbrances against real estate, name and address of mortgagee, amount owing, etc.		
3. Taxes - State what property taxes are owing and for what years.		
4. Is the family of the proposed dependent adult willing to continue looking after the property?		
5. Fire Insurance on buildings - Give particulars of policies carried (i.e. name of insuring company, policy number, name and address of agent, etc.).		
6. City Property - Is the property now rented or leased? If so, at what rate? Give name of tenant and details of any rental arrears.		

Real Estate	Description	Estimated Value
7. Farm Land - Has the land been cropped this year? If so, by whom and under what terms or conditions?		
8. Is there a pending or proposed sale of property contemplated?		
9. Personal Property – re Farming Does the proposed dependent adult own any: farm machinery livestock grain other chattels? Give details and approximate value.		

(Please complete the relevant sections, giving as much detail as possible.)

Personal Property	Description	Estimated Value
1. Does the proposed dependent adult own a vehicle? Give description, location and approximate value. Give details of car insurance and advise where keys are.		
2. Does the proposed dependent adult own furniture? Give description, location and approximate value.		
3. Does the proposed dependent adult own personal effects? Give description, location and approximate value.		
4. Does the proposed dependent adult own valuables, jewellery, documents? Give description, location and approximate value.		
5. Is there any money owed to the proposed dependent adult? If so, please provide details.		

Personal Property	Description	Estimated Value
6. Does the proposed dependent adult own any shares, debentures, term deposits, guaranteed investment certificates, bonds or other investments? If so, give details and state where located.		
7. Does the proposed dependent adult have an interest in any company, partnership or other business concern? If so, give details.		
8. If the proposed dependent adult has a bank account, state what bank and where. Is there a safety deposit box? If so, where are the keys?		
9. Is the proposed dependent adult interested in any estate as beneficiary or legatee? If so, give details.		
10. Does the proposed dependent adult carry any type of insurance or other benefit policies (including accident/disability)? Give particulars of policies and names of companies.		
11. Give particulars of any other assets.		
12. State any immediate action which you consider is required to protect the proposed dependent adult's assets.		
13. Give list of all other debts owing by the proposed dependent adult. (Use back of page if necessary.)		

PART V. INCOME

Please indicate the entitlement of the proposed dependent adult to the following sources of monthly income:

		File Number	Monthly Amount
* Assured Income/Severely Handicapped (AISH)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Supports for Independence (SFI)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Widows' Pension (Alberta)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Services to Persons with Disabilities (SPD)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Alberta Health (Home Care)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Old Age Security/Guaranteed Income Supplement	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Canada Pension Plan Retirement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Canada Pension Plan Survivor's Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Allowance for the Survivor (Federal)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Retirement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Other Retirement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Foreign Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Veterans Affairs Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Alberta Seniors Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* Canada Pension Plan Disability Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
* CPP Disabled Contributor's Child Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Unemployment Insurance (Regular)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Unemployment Insurance (Disability)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Union Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Long Term Disability Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Other Disability Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Workers' Compensation Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Structured Settlement Payments	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Annuity payments	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Other (Specify)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Employment earnings	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		\$
Employer			
Name		Address	

* NOTE: These benefits can be managed without obtaining a Court Order.

PART VI. EXPENSES

If the proposed dependent adult resides outside of a facility, please complete the following monthly budget:

Nature of Payment	Amount	Payee of Cheque
Rent/Mortgage	\$	
Room & Board	\$	
Food	\$	
Clothing	\$	
Entertainment	\$	
Transportation	\$	
Maintenance spouse/children	\$	
Utilities	\$	
Other	\$	
Other	\$	
Other	\$	

PART VII. ESTATE INFORMATION

Does the proposed dependent adult have a Will? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, where is the Will?
Does the proposed dependent adult have any of the following? Prepaid funeral plan Yes <input type="checkbox"/> No <input type="checkbox"/> Prepaid cemetery plot Yes <input type="checkbox"/> No <input type="checkbox"/> Prepaid marker Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details:
Has the proposed dependent adult executed a power of attorney? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, who is the appointed attorney?

PART VIII. INFORMATION REGARDING PROPOSED TRUSTEE

Proposed Trustee			
Name	Address	Phone # (res)	Phone # (bus)
Relationship to proposed dependent adult.			
Occupation			
Brief description of qualifications to act as trustee.			
Is it anticipated that your application may be opposed? If so, describe.			

PART IX. INFORMATION REGARDING PROPOSED ALTERNATE TRUSTEE

Proposed Alternate Trustee			
Name	Address	Phone # (res)	Phone # (bus)
Relationship to proposed dependent adult.			
Occupation			
Brief description of qualifications to act as trustee.			
Is it anticipated that your application may be opposed? If so, describe.			

PART X. SPECIAL PROVISIONS FOR COURT ORDER

1. Do you, the proposed trustee, own property jointly with the dependent adult? If so, describe.

2. Is the proposed dependent adult making any maintenance payments to you, a spouse, a disabled child, or any other person?

3. Was the proposed dependent adult habitually making gifts or charitable donations before the onset of the disabling condition?

4. Do you anticipate selling land or major assets of the proposed dependent adult if you are appointed as trustee?

5. Is the proposed dependent adult receiving a regular allowance for personal spending money?

6. Other information for lawyer.